



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE PROFESSION OF NURSING *

By WALTER G. ELMER, M.D.
Philadelphia

IN looking back over the history of nursing as a profession, the first thought that occurs to us is the intimate, in fact, inseparable, association of nursing and hospitals, for it is in these institutions that our nurses must receive their education and training.

The first establishment of hospitals for the care of the sick and injured dates much earlier than the Christian era, for in India, Persia, and Arabia there were hospitals which were supported by their kings and rulers. In the earliest periods of Greek and Jewish history there were institutions for the reception of the sick, and Beth Saida, mentioned in the New Testament, was one of these. Plato refers to the Shelter Houses maintained by the Greeks in different parts of the country and supplied with attendants. The best institutions of the kind were in Rome and these were actually endowed.

Quite recently, ruins have been unearthed in the island of Cos in the Ægean Sea which give a very fair idea of these ancient Greek hospitals. It was here that Hippocrates studied and practised the art of healing more than four hundred years before Christ, and his writings come down to us as most valuable literature of ancient times. This hospital was most beautifully situated on a series of terraces, about two miles back from the sea, with mountains rising on two sides, and commanding a beautiful outlook over the hills, the plain, the waters, and the islands of the sea. It would even now be looked upon as the ideal hospital in regard to the arrangements of its buildings, the climate, and thermal baths, the open-air life and exercise which Hippocrates believed in so firmly for certain of the patients, or the quiet and seclusion for others.

One of the earliest recognized hospitals was in France, and the present Hôtel Dieu of Paris is said to have originated in the seventh century. Many hospitals were built during the Crusades and there then arose a special class of hospitalers or knights whose duty it was to take care of the sick; and there later followed the orders of the Sisters of Mercy and the Sisters of Charity and similar societies. In Italy, Paris, London, and Edinburgh the larger and more important hospitals

* An address to the graduating class of the Mercer Hospital in Trenton, New Jersey.

later on became identified with universities and were utilized for medical teaching, and so St. Thomas's, St. Bartholomew's, and Guy's hospitals of London grew into prominence among the institutions of learning in the world.

The hospitals in the United States were founded on much the same plan as the English ones, and the oldest hospital in our own country is the Pennsylvania Hospital at Eighth and Spruce Streets, Philadelphia; this was founded in 1750 and Benjamin Franklin was the first clerk. The New York Hospital was the next, receiving its charter in 1771.

Since that time innumerable hospitals have sprung up in all parts of the United States, and now every city, town, and village has its perfectly appointed hospitals adapted to its needs; our large cities now have what are acknowledged to be the most handsomely and thoroughly equipped hospitals in the world. It is enough to merely mention such institutions as St. Luke's, the Mt. Sinai, Presbyterian, New York, and Bellevue in New York City; the Massachusetts General in Boston; the Pennsylvania Hospital in Philadelphia; and the Johns Hopkins Hospital in Baltimore. Philadelphia has in all about fifty-five hospitals.

All of these hospitals require a very complete working force of nurses, and the present efficient system of training nurses has been reached by a gradual process of growth and development from very early times. Reference has already been made to the hospitalers during the Crusades, these being assisted by various bodies of women in working among the sick.

In the latter part of the twelfth century Hildegarde, Abbess of Rupertsberg, which is near Bingen, organized a school of nurses for service in hospitals, and so we have the very beginning of our present training system.

It was Florence Nightingale who gave the greatest impetus toward the efficient training of nurses and the establishment of training schools: Born in Florence in 1820, she enjoyed all the advantages which fall to the lot of children of wealthy and refined parents. She grew up in the midst of the luxurious surroundings of her home in England, and very early showed an interest in the welfare of the poorer neighbors of her father's estates, and this led her to the careful and systematic study of the best means of relieving physical and moral distress. After investigating the working of English schools and hospitals, she continued her studies on the continent and in 1851 spent six months in a Protestant institution at Kaiserswerth on the Rhine. On returning to London she reorganized and substantially assisted the Governess's Sanatorium in Harley Street.

At this time much criticism arose in regard to the inefficiency and mismanagement of the English military hospitals in the Crimea and a plan was suggested for the formation of a band of lady superintendents and of nurses who should assume charge of the hospitals and the care of the wounded in the wards.

Miss Nightingale wrote to Lord Herbert, who was then Secretary of War, and offered her services. Her letter crossed one from Lord Herbert himself, asking her to undertake the organization and conduct of this body. She entered into this work with an enthusiasm and devotion which won for her the lasting love and gratitude of her country. Order and system took the place of confusion, suffering was relieved, lives were saved which would otherwise have been sacrificed, and Florence Nightingale earned the blessings of thousands of the sick and wounded. She had at one time ten thousand sick men under her charge. The death-rate at Scutari in February, 1855, was 42 per cent., or nearly half the men dying of disease; but after Florence Nightingale had reorganized the hospitals and adopted the best methods of sanitation and hygiene, it fell to only 2 per cent. Her enormous labors affected her health and she was herself prostrated with fever, but she refused to leave her post and remained at Scutari until Turkey was evacuated by the British in July, 1856.

The enthusiasm in England over Miss Nightingale's labors was so great that a man-of-war was ordered to bring her home, and London prepared to give her a triumphant reception; but she returned quietly in a French ship, crossed quickly to England, and sought the seclusion of her country home before her presence in England was known. Her health had been permanently affected and she was forced from that time on to lead a quiet life.

A fund of £50,000 was raised by the English people as a testimonial in recognition of her services, and this amount she at once gave to St. Thomas's Hospital, London, for the founding of the Nightingale Home for the training of nurses.

Miss Nightingale's influence upon the conduct of army hospitals and the care and management of the sick and wounded cannot be estimated, and it has extended throughout the world. According to her, nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the selection and administration of the proper diet—all at the least expense of vital force to the patient.

The first class of nurses to be graduated in this country was in 1872, from the Bellevue Training School, New York. The custom of hospital training schools is now very generally followed throughout the country.

During the past ten or fifteen years the course of study for the nurses in training has been lengthened. There are still hospitals in small towns which have a course of only one year, while in our larger cities the course is either two or three years, and almost all the larger and more important hospitals have adopted the three-year standard.

A good deal of discussion has arisen lately as to the proper length of time a nurse should stay in a hospital. It is contended by many very able physicians that two years is ample. It is said that nurses are overtaught and overtrained by being kept at the hospital three years—that they are burdened with large and numerous text-books of anatomy and physiology, materia medica, obstetrics, and the like, until they are educated almost to the point of physicians, and it would be far better if they would enter a woman's medical college at the outset; for as nurses they are taught many useless subjects, they are too crowded with their studies and nursing at the same time, and after graduation the nurse is so well satisfied with her own knowledge and ability in the care of a patient that she becomes less valuable as a nurse in following the directions of the attending physician. Such statements as these and many more of like character I believe to be entirely wrong.

Let us see how much we, as physicians, require of our nurses, and then inquire as to the best means of educating them up to this standard.

We expect a nurse to have an accurate and practical knowledge of anatomy and physiology, for time and again she must call upon her knowledge of these subjects in the nursing of her patients. She must be able to detect and record all the various changes which may occur in a patient's pulse, for example, not only count it accurately, but notice whether it is strong or weak, regular or irregular, intermittent, full, small, as the case may be. Then, too, there are certain peculiar kinds of pulse-wave, as the dicrotic pulse, in which there appears to be a double wave or two beats for each single beat of the heart. This is a symptom of considerable importance and should be reported to the attending physician at his next visit, for it must be remembered that the nurse has her patient under almost constant observation, while the physician makes occasional visits of perhaps not more than ten or fifteen minutes at a time, and certain important signs may develop in his absence which should be observed and recorded by the nurse.

Then, too, in regard to the breathing of a patient, there are certain characteristics to be noted, as Cheyne-Stokes breathing, a symptom of very serious import, and yet one which may be present only at times during the day or night.

If the nurse does not understand the normal physiology of the

important organs of the body, she cannot intelligently observe the changes and variations which occur in disease. Hence it is so important that she be carefully taught these things.

She should furthermore know the names of all the chief structures of the body and the exact positions of the various organs, for the directions of the physician for certain local treatment must often be carried out by the nurse herself, and in no way does a nurse so quickly display her ignorance as in her inability to correctly outline the various organs of the body.

She should understand the important features of digestion and be able to name the different kinds of food materials which go to make up a proper diet. She should know the manner in which the nervous system controls the working of our bodies—the importance of rest, sleep, exercise in the open air, and proper food. The methods of modifying milk for the feeding of young children according to the direction of the physician is an exceedingly essential feature.

In regard to the use of medicines the nurse should know the more important ones and their proper doses for both children and adults. I consider this absolutely necessary, for in hospitals the administration of the medicines is entrusted, of course, to the nurses, and no one but a nurse who has had this teaching should be expected to handle the medicines. I recall an instance in which an order was written on a patient's chart for a half ounce of the tincture of digitalis to be given every four hours. The nurse on reading the order knew that the infusion and not the tincture was intended, referred the matter to a head nurse and the mistake was corrected. On another occasion an order was written for a half ounce of liquor potassii arsenitis every four hours, where liquor potassii citratis was, of course, intended. The nurse recognized this, and the mistake was corrected. Here the nurse, had she been untaught, might have given lethal doses of these medicines without being aware of the consequences until too late. I recall an instance where a child got possession of and swallowed a tablet of the corrosive chloride of mercury. A trained nurse in the house went at once to the cellar for eggs and gave seven of them without the loss of a moment to the child. She undoubtedly saved his life.

In the department of surgery our nurses must be taught with the greatest care and thoroughness. Let us suppose that we are called to the house of one of our patients and conclude that an operation is necessary. It is an urgent case of appendicitis, perhaps, and we do not wish to risk either the delay or the moving of the patient to a hospital. We send for a nurse whose ability we know and in an hour's time we can

proceed with the operation with the confident feeling that every detail in the preparation of the patient, the instruments, the dressings, the surroundings of the operation, have been carefully and accurately carried out. If the nurse is unknown to us and perhaps has not been properly taught, how great a difference it makes to us in conducting the operation! And in the management and supervision of the operating rooms of our large hospitals, how much depends upon the skill of our operating-room nurse and her assistants, for here operations will sometimes follow each other in quick succession and there must be no carrying of infection from one patient to the next—and here the infallibility of the nurse is of the utmost consequence.

Our nurses should always be taught the proper care of their hands, for if they are assisting at operations they should understand that the hands should always be kept free from infecting material, for once in contact with certain kinds of virulent infectious organisms, the hands cannot again be resterilized, and hence the necessity of protecting them with sterile gutta-percha gloves. Only in this way can we be sure that the hands do not carry infection from a septic case to a clean one.

Now I contend that such teaching as I have set forth cannot be crowded into a short space of time, for if an effort is made to do this the nurse becomes confused, overworked and discouraged. Experience has taught us that if a nurse is attending to her daily duties in the ward in the care of patients, and in the operating room, she requires two hours a day off duty for out-door recreation, an ample amount of sleep, and not more than one lecture each week and one class-room exercise a week. She is tired at night as it is, and when she becomes over-tired or worn out she is not able to fulfil her duties to her patients as she should. Therefore, if our course of instruction is arranged on these lines and the nurse be given an absolute rest of three weeks in the summer—which is much needed—three years is the shortest time in which her education can be properly completed. We have then produced a carefully trained and reliable nurse upon whom we can depend with entire confidence in any emergency.

Of recent years there has come into existence a class of nurses which should more properly be called attendant nurses. These are young women who have attended a series of lectures for about ten weeks and whose practical knowledge is gained by visiting patients in the poor districts, taking their temperatures, counting the pulse and breathing, bathing them, and doing what is necessary for their comfort. These nurses should not be looked upon as in any sense competitors of the hospital graduates, for they are not. They are simply attendants who

are expected to look after the ordinary wants of a sick person, and their services can be had for a very moderate amount. They are, therefore, useful in cases where a patient is not seriously ill and sometimes in families of very moderate means. They are not fitted for surgical work.

The hospital graduate has two fields of work open to her and some nurses prefer one, some the other. I refer to the nursing of private patients in their homes, or institution work. A nurse who has been proficient in her hospital course usually has an opportunity to become a head nurse in some department of the hospital, or she may be asked to take charge of a training school in a hospital in one of the smaller cities. This usually affords a good opportunity for securing, later on, a larger and more important institution. There are very decided advantages in continuing institution work. Although the salaries are usually moderate, the nurse has no living expenses, and her salary comes to her regularly and can always be depended upon. She has regular hours of work in congenial surroundings, comfortable living rooms, a sufficient time for recreation, a certain independence which is not enjoyed by younger nurses, a summer vacation, wherever she may choose to spend it, and, most important of all, cheerful and congenial companionship at all times. Therefore, whether she is employed by a hospital in a large city or a smaller town, her life is filled with a useful activity, time never hangs heavily on her hands, she enjoys her hours of recreation and she has no financial worries.

The nurse who takes up private nursing, however, has altogether a different problem. She usually earns more money, but she is also at constant expense, for she must have rooms to live in whether she occupies them or not. There are times during the year when she may be idle for very considerable periods and hence there is no definite certainty as to her income. If she is ill, her earnings cease, whereas the hospital nurse receives her salary and is at no expense during her illness.

There are difficult cases where the nurse is practically on constant duty for several days together, and through lack of sleep, fatigue, and anxiety, she becomes irritable, loses her natural cheerfulness, her sense of humor deserts her entirely, and she may become utterly unfit to carry out her duties to her patient. I think physicians far too often neglect their nurses, and it is just as important that the physician inquire into the number of hours of sleep the nurse has had and the amount of time out of doors, as it is to ask about his patient.

The nurse often finds herself in most attractive homes where she is treated with the greatest kindness and consideration, and then again

she may be in a thoroughly uncongenial atmosphere with people whom it is impossible to please, and where it is a weary effort to get through the days and nights.

Nurses who are earning their living in the midst of great cities must contend with periods of enforced idleness, for, no matter how skilful a nurse she may be, there are times when her services are not in demand, and then again, there may be an interval of one, two, or even three weeks between the patient she has left and the next one she is called to. It is these periods of idleness which tax the patience, perseverance, and resourcefulness of the nurse; she should have a congenial task of some kind to occupy her time and her thoughts during this interval. Therefore, I would say to those of you who are nursing in large cities, do not isolate yourselves too much from your friends and the members of your family, but keep in touch with them as much as possible and see them at frequent intervals. This will help very much in overcoming the difficulties of the interval periods I have spoken of, for after all friendship is the best thing which we possess, next to good health.

Retain your youth, your good spirits and your cheerfulness by living every hour out of doors that you are free. I may mention here that depression of spirits almost always has an underlying physical cause. One of the best remedies that I know of is to be in the open air. Make it a point to secure an ample amount of sleep with your room flooded with fresh air whether it be winter or summer. Train your mind to throw off the anxieties attending your patient during your hours off duty and interest yourself in other things, and you will come back to your task cheerful and refreshed.

A nurse who leads a fairly active life is able to make certain investments from time to time, if she is prudent and looks to the future, so that at the end of fifteen years of professional work she will be assured of a certain modest income sufficient for her needs, and it therefore becomes optional whether she continues her work or not.

But nurses like their work and they are loath to give it up. They accomplish more with their lives than any other class of young women. In their self-reliance, their independence, and their fineness of character they cannot be excelled.

PEOPLE who wear their nerves outside should be sent to a sanitarium to have them put in their proper place and cemented in with common sense.—ELISABETH ROBINSON SCOVIL.

MAKE yourself an honest man and then you may be sure that there is one less rascal in the world.—CARLYLE.